



AGENCY OF HUMAN SERVICES  
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
Waterbury, VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 871-3317  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 871-3318

September 23, 2014

Ms. Lyne Limoges, Administrator  
Scenic View Community Care Home  
979 Vt Route 100, Po Box 154  
Westfield, VT 05874-0154

Dear Ms. Limoges:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 26, 2014**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota".

Pamela M. Cota, RN  
Licensing Chief

PC:jl



RECEIVED  
Division of

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0151</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	SEP 22 14 Licensing and Protection	(X3) DATE SURVEY COMPLETED  <b>08/26/2014</b>
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**SCENIC VIEW COMMUNITY CARE HOME**

**979 VT ROUTE 100, PO BOX 154  
WESTFIELD, VT 05874**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments:  An unannounced onsite re-licensing survey was completed by the Division of Licensing and Protection on 8/26/14. Based on information gathered, regulatory violations were cited as follows.	R100		
R181 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.11 Staff Services  5.11.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the home as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection in accordance with 33 V.S.A. §6911 to see if prospective employees are on the abuse registry or have a record of convictions.  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the licensee failed to ensure that no person on staff (1 of 5 in the applicable sample) had been convicted of crimes inimical to the public welfare. Findings include:	R181		

Division of Licensing and Protection  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Shane S. Amador MSW, RN*

*Administrator*

*9/19/2014*

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0151</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>08/26/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SCENIC VIEW COMMUNITY CARE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>979 VT ROUTE 100, PO BOX 154 WESTFIELD, VT 05874</b>
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R181	Continued From page 1  1. During record review on 8/26/14, 1 of 5 employees in a sample of pre-hire background checks showed conviction of a misdemeanor prior to employment. There was no evidence provided to indicate that a waiver for employment had been requested or obtained from the Licensing Agency. During an interview on 8/26/14 at 1:15 PM, the licensee confirmed that no evidence of a waiver for employment of an individual with a criminal conviction had been obtained.	R181	Request for waiver sent to the Licensing agency for waiver for employee whose background check showed misdemeanor.	9/19/14
R190 SS=E	V. RESIDENT CARE AND HOME SERVICES  5.12.b.(4)  The results of the criminal record and adult abuse registry checks for all staff.  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the licensee failed to provide evidence of results of pre-hire criminal background checks (3 of 5) and adult abuse registry checks (1 of 5). Findings include:  1. During record review on 8/26/14, there was no evidence provided to demonstrate results on file of pre-hire criminal background screening for 3 of 5 employees in the applicable sample. Further, there was no evidence of an adult abuse registry check for 1 of 5 employees in the sample. During an interview on 8/26/14 at 1:15 PM, the licensee confirmed that results of criminal (3 of 5) and adult abuse (1 of 5) pre-hire background checks were not available for review.	R190	POC - All employees shall sign and check (background and abuse) performed when the employee is hired and annually thereafter.  Criminal Background checks were obtained for all staff employed at the facility. Adult Abuse Registry checks were all performed at the same time. Results all received and included in personnel records.	8/26/14  8/26/14

R181 POC accepted 9/22/14 Jitkumar/AAC